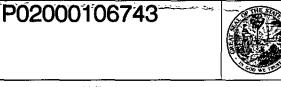
UNIFORM BUSINESS REPORT (UBR	2003 FC)R PROF	IT CORPO	PRATION
	UNIFORM	I BUSINE	ESS REPO	RT (UBR

DOCUMENT#

1. Entity Name **DIRWIL CORPORATION**



Principal Place of Business 612 CARVER DRIVE LAKE WALES FL 33853

Mailing Address 612 CARVER DRIVE LAKE WALES FL 33853

2. Principal Place of Business 798 ChEISCA CUCLY	3. Mailing Address 798 Chelson	way
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



		<u> </u>					
	Place of Business Chelsea (uc.)	3. Mailing Address 298 Chelson	a Wa	JV		ENE 3((II 1981) (äinan ilit fääi
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	"Wales Fl	LAKE Walk	s fl.		3 FEI Number 76755		oplied For ot Applicable
Zip 338	Country	33853	Country		5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current F	 			7. Name and Address of New Registered	Agent	
-OIRCKSON-FI-WOOD R					rood B Dirckso	N	
612 CAR\	/er drive	The state of the s		7-9	20. Box Number is Not Acceptable)	***	
LAKE WA	LES FL 33853	-					
				AKE		Zip Cod	3853
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office or	r registere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept
the obliga	tions of registered agent.		//		2/22	100	
SIGNATURE	(were of H)	/ m.c/	<u>//</u>		<u> </u>	103	<u></u>
0.0	fignature, typed or printed name of registered agent a	no tile if applicable. (NoTE: F	Registered Agent signat	ure required	when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payab& to Florida Department of	State			S. Election Campaign Financing Trust Fund Contribution.		0 May Be
10.	OFFICERS AND (DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ Delete	TITLE	Ď	North Call I	Change	Addition
NAME .	DIRCKSON, ANN L		NAME	Dig	ckson, Ann L Chelsen way		
STREET ADDRESS	612 CARVER DRIVE	•	STREET ADDRESS	418	CHEIZEN OF 1		
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	h41	KE wales fl 33853		
TITLE	D	☐ Delete	TITLE	$ \mathcal{D} $		Change	Addition
NAME	DIRCKSON, ELWOOD B		NAME	Dir	CKSON, Elwood B Chelsta way		
STREET ADDRESS	612 CARVER DRIVE		STREET ADDRESS	1998	Cheisen way		
CITY-ST-ZIP	LAKE WALES FL 33853	, živi.	CITY-ST-ZIP	h41	KE WOLLES FI 33853	,	
TITLE	D		TITLE	Wile	OX, BYRONC	Change	Addition
NAME	WILCOX, BYRON C		_NAME	798	Chalson-way	·	
STREET ADDRESS	612 CARVER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	Mak	16 wales fl 33353		
TITLE	D	Delete	TITLE			☐ Change	Addition
NAME	WILCOX, JACQUELINE D		NAME	J		-	
STREET ADDRESS	612 CARVER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			☐ Change	Addition
NAME	WILCOX, ROBERT B JR	•	NAME				
STREET ADDRESS	612 CARVER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME	ĺ		_ •	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12 Theraby	certify that the information supplied with t	this filing does not qualify for th	o overnation stat	od in Cor	ation 119 07(3)(i) Florida Statutes I further cer	tifu that the is	oformation

remove compression to the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: